

Differences in Levels of Perceived Support and Burnout in Direct Support Professionals who Provide Rehabilitative Care for Children versus Adults

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Background

- Burnout is defined as a syndrome involving three dimensions, including depersonalization, emotional exhaustion, and personal accomplishment, and is a response to external stressors (Maslach et al., 2016; Wilkinson et al., 2017).
- Research suggests that both individual and organizational-environmental factors can impact burnout. However, organizational-environmental factors (such as perceived support, role conflict, role ambiguity, workload, etc.) have been implicated as stronger predictors of burnout compared to individual variables (Morse et al., 2012).
- Burnout can influence employee and organizational factors, such as physical and mental health, engagement at work, turnover, and absenteeism (Morse et al., 2012).
- Perceived organizational support (POS) and perceived supervisor support (PSS) have been identified as modifiable variables related to aspects of burnout (Campbell et al., 2013; Gibson et al., 2009).
- POS or PSS have also been linked to other important factors related to employees (e.g., reduced stress and turnover, improved performance and workplace conflict, return to work, sense of belongingness) (Gaeens et al., 2019; Eisenberger et al., 2016; Kalidas & Bahron, 2015; Uzun, 2018).
- Research highlights increased levels of burnout in numerous occupations and settings. For instance, employees working with individuals with behavioral challenges report increased feelings of emotional exhaustion and depersonalization, and decreased feelings of personal accomplishment and self-efficacy (Maslach et al., 2016).
- There is limited research investigating levels of burnout in direct support professionals (DSPs) who work with children and adults with brain related disorders/injuries.
- Further, minimal research has been conducted comparing levels of burnout and perceived support among DSPs who work with children versus adults, despite differences between these two settings (e.g., approaches and interventions utilized, external involvement from parental or educational staff, amount of clients and workload, presenting concerns, etc.).
- DSPs provide a variety of services and are vital to rehabilitation teams and client care. Research comparing burnout and levels of perceived support in DSPs who work with children versus adult populations may highlight disparities that are pertinent for successful interventions.

Objective

Purpose: Compare levels of perceived support (organizational and supervisory) and burnout (emotional exhaustion, personal accomplishment, and depersonalization) between DSPs who provide rehabilitative care for children versus adults with brain related disorders/injuries.

Hypothesis: DSPs who provide rehabilitative care for children will have higher levels of burnout compared to DSPs who provide rehabilitative care for adults.

Methodology

Design: Cross-sectional
Participants: Adults employed as DSPs at an interdisciplinary and multi-site post-acute rehabilitation (PAB) facility in New Jersey, which serves children and adults with brain related disorders/injuries.

Outcome Measures:

- Maslach Burnout Inventory – Human Services Survey (MBI-HSS)
 - Three Index Scores: Emotional Exhaustion (α=.88), Personal Accomplishment (α=.75), Depersonalization (α=.75)
- 8-Item Survey of Perceived Organizational Support (POS)
- 8-Item Survey of Perceived Supervisor Support (PSS)

Procedures: Participants were employed by the present organization and recruited in person over a five month time period, and compensated for their time.

Results

Sample Characteristics:

- Part-time and full-time employees of Bancroft
- 90 adults (68 Females, 22 Males) ranging from 20 to 62 years of age ($M = 30.48$, $SD = 9.86$)
- 18.9% identified as White, 17.8% identified as Black/African American, 5.6% identified as Hispanic/Latino, 4.4% identified as Asian, 2.2% identified as Other, and 51.1% provided no response
- Participants averaged about 4 years of employment in this field ($M = 3.98$, $SD = 5.31$)
- About 40% of participants reported having a mental health diagnosis (41.1%)
- Number of children/other(s) cared for at home ranged from 0 to 10 ($M = 1.21$, $SD = 1.79$)

Table 1
Descriptive Statistics and Analysis of Variance (ANOVA) for MBI, POS, and PSS between DSPs Working with Children versus Adults

Measure	Children (n = 54)		Adults (n = 36)		F	Sign.	η_p^2
	M	SD	M	SD			
MBI EE	27.73	11.95	21.97	16.3	3.738**	0.056	0.41
MBI DP	5.06	4.11	6.08	6.87	0.788**	0.377	0.18
MBI PA	36.66	5.66	36.75	9.25	0.003**	0.953	0.01
POS	26.93	9.25	31.60	10.34	4.093*	0.046*	0.44
PSS	34.02	11.51	39.41	8.49	5.526*	0.021*	0.53

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. η_p^2 = partial eta squared, MBI = Maslach Burnout Inventory, EE = Emotional Exhaustion, DP = Depersonalization, PA = Personal Accomplishment, POS = Perceived Organizational Support, PSS = Perceived Supervisor Support.

- A one-way ANOVA revealed significant differences between the two DSP groups when comparing their perceptions of organizational and supervisory support.
 - DSPs working with children endorsed less perceived organizational support and less perceived supervisor support compared to DSPs working with adults.
- Feelings of burnout did not significantly differ for DSPs who worked with children versus adult populations.
- A medium effect size was evident for perceived supervisor support, and small to medium effect sizes were calculated for perceived organizational support.
- Secondary analyses revealed that population type was significantly correlated ($p < .01$) with DSP education level ($r = -2.91$) as well as number of self-reported restraints ($r = -0.314$) and injuries ($r = -0.322$). Specifically, DSPs who worked with children had more education and experienced more behavioral involvement (e.g., restraints and injuries) than their adult counterparts.
- Item level analysis revealed DSPs working with children reported significantly higher scores than their adult counterparts for the following statements on the MBI-HSS, all loading onto the Emotional Exhaustion index:
 - "I feel used up at the end of the workday" ($p < .001$); "I feel emotionally drained from my work" ($p < .05$); "I feel I'm working too hard on my job" ($p < .05$)

Discussion

- DSPs who provide rehabilitative care for children reported significantly less perceived organizational and supervisory support compared to DSPs who provide rehabilitative care for adults. Despite this finding, there were no significant differences in aspects of burnout between the two populations.
- In addition to burnout, PSS and POS have been linked to other factors important for employees and institutions that were not researched in this study.
 - These findings highlight that interventions targeting POS and PSS may be particularly important for DSPs working with children.
 - The role of the rehabilitation psychologist may include examining how organizational and supervisory support perceptions can be modified and how such perceptions impact variables other than burnout in DSPs, particularly those who work with children.
- Protective factors related to burnout and programmatic differences (e.g., structure, leadership, communication) between the two settings were not explored in this study, but may be salient for future research to better understand POS, PSS, and burnout in specific DSPs populations.
- DSPs working with children indicated more challenging behaviors and research indicates that the relation between challenging behaviors and burnout, particularly emotional exhaustion, may be mediated by staff's perceptions of challenging behaviors and moderated by feelings of self-efficacy and competence (Rose et al., 2013; Mills & Rose, 2011).
- Limitations: This study was cross-sectional and thus causality cannot be inferred. This study was somewhat underpowered ($\alpha = 0.60$) and runs a risk of Type II error. Although all DSPs were invited to participate, not all individuals took part in the study. Thus, this sample may not be fully representative of all DSPs at this site.

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